



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 STATE PUBLIC HEALTH LABORATORY  
 BREATH ALCOHOL PROGRAM  
**DATAMASTER MAINTENANCE REPORT**

REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 30 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed in service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

**RECEIVED**  
 By Carol Day at 1:54 pm, Jun 12, 2015

DATAMASTER SN 201211 NAME OF AGENCY Bella Villa P.D. DATE OF INSPECTION 06/06/2015

LOCATION OF INSTRUMENT (STREET AND CITY) 751 Avenue H, Bella Villa, Mo 63125 TIME OF INSPECTION 4:25 am

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) DATE AND TIME (from printout) 06/06/2015, 04:25 Hours
- COMPUTER  DETECTOR
- PROGRAM  FILTERS
- HEATERS SAMPLE CHAMBER 49 °C  QUARTZ STANDARD
- FLOW DETECTOR  CALIBRATION
- PUMP HIGH SPEED  PRINTER

INDICATOR LIGHTS

SIMULATOR SOLUTION SUPPLIER Guth LOT # 14220 EXP. DATE 09/24/2016

SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN DR 2765 EXP. DATE 04/07/2016

CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.106% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.036% AND 0.042% INCLUSIVE

TEST 1 0.100 TEST 2 0.101 TEST 3 0.101

PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	2	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	OVER .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

**INSPECTING OFFICER**

SIGNATURE *Peter Palombo #38* PRINT FULL NAME Peter Palombo

TYPR II PERMIT NUMBER/EXPIRATION DATE 24077 04/22/2016 TELEPHONE NUMBER (314) 638-8840

RETURN COMPLETED REPORT TO THE: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
 2875 James Blvd.  
 Poplar Bluff, MO 63901



**GUTH LABORATORIES, INC.**

690 NORTH 67th STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-8470

## CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 14220 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on September 25, 2014, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1209% (w/vol) ethyl alcohol. The expiration date for this lot number is September 24, 2016 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President  
GUTH LABORATORIES, INC.

***NIST Traceability:***

*Testing was conducted using Cerilliant Reference Standard lot number FN08051301 whose values are traceable to NIST.*

*All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.*

Face This Side Down - This Edge In First

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**BAC DataMaster  
Evidence Ticket**

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Evidence Ticket**

STATE OF MISSISSIPPI

BAC DATA MASTER SPECIAL NUMBER 081211  
06-08-15

STATE OF MISSISSIPPI

BAC DATA MASTER SPECIAL NUMBER 081211  
06-08-15

PREPARED BY: [illegible]  
SUBJECT: [illegible]  
CHARGE: [illegible]  
DOB: [illegible] SEX: [illegible]  
STREET: [illegible]  
CITY: [illegible]  
COUNTY: [illegible]  
OFFICER: [illegible]  
POST OFFICE: [illegible]  
PHONE: [illegible]  
EXPIRES: [illegible]  
HAS RECEIVED: [illegible]

PREPARED BY: [illegible]  
SUBJECT: [illegible]  
CHARGE: **4.36 Sec.**  
DOB: [illegible] SEX: [illegible]  
STREET: [illegible]  
CITY: [illegible]  
COUNTY: [illegible]  
OFFICER: [illegible]  
POST OFFICE: [illegible]  
PHONE: [illegible]  
EXPIRES: [illegible]  
HAS RECEIVED: [illegible]

--- BAC DATA MASTER ---

--- BAC DATA MASTER ---

PHOTO INTERVIEW

[illegible text]

Operator Signature

2208-02

Operator Signature

221





STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM

**INSTRUMENT OPERATOR CARD**

*The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.*



Operator PALOMBO, PETER  
Permit No 240177  
Date issued 4/22/2014 Date Expires 4/22/2016